

Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

TROOP / UNIT: W		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, CT D.E.P.	
DATE: 01/06/05	TIME: 0949 hrs	INVESTIGATING TROOPER / OFFICER: Tfc. H. Arroyo	DPS CASE NUMBER: DPS05-000890
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): Bradley International Airport Terminal B American Airlines Baggage			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION A suspect powder was discovered by A.A. employees. HazMat units from state police and D.E.P. responded to sample and collect suspect powder. Samples were sent to the state health lab for further analysis. Initial field test was negative for biological or chemical hazard. Case still under investigation			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <i>HS</i> ID #: 130 DATE: 01/06/05			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			